IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Dershem et al. **CERTIFICATE OF EXPRESS MAILING** I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Title: BENZOXAZINES. Office To Addressee" service under 37 C.F.R. § 1.10 on date indicated below and is addressed to: THERMOSETTING RESINS Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450. COMPRISED THEREOF, AND METHODS FOR USE EL 990325722 US December 11, 2003 (Express Mail Label Number) (Date of Deposit) THEREOF JOY DAY Prior Appl. No.: (Printed Name) 10/008,591 Prior Appl. Signature Filing Date: 11/13/2001 **CONTINUING PATENT APPLICATION** TRANSMITTAL LETTER Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450 Sir: Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a: [] Continuation [X] Divisional [] Continuation-In-Part (CIP) of the above-identified co-pending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein. [] Applicant claims small entity status under 37 CFR 1.27.

Cover Sheet, Specification, Claim(s), and Abstract (36 pages).

Enclosed are:

[X]

Formal drawings

- [X] Declaration and Power of Attorney (copy from parent) (4 pages).
- [] Assignment of the invention to Loctite Corporation.
- [] Assignment Recordation Cover Sheet.
- [] Small Entity statement.
- [] Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- [] Information Disclosure Statement.
- [] Form PTO-1449 with copies of ___ listed reference(s).
- [X] Application Data Sheet (37 CFR 1.76).
- [X] Return Receipt Postcard.

The filing fee is calculated below:

	Claims		Included in	1	Extra				Fee
	as Filed		Basic Fee		Claims		Rate		Totals
Basic Fee	· -						\$770.00		\$770.00
Total Claims:	19	-	. 20	=	0	x	\$18.00	=	\$0.00
Independ ents:	5	-	3	_ =	2	X	\$86.00	=	\$172.00
If any Multiple Dependent Claim(s) present: + \$290.00								=	\$0.00
						SU	JBTOTAL:	=	\$942.00
[] Small Entity Fees Apply (subtract ½ of above):								=	\$0.00
TOTAL FILING FEE:								=	\$942.00

- [X] A check in the amount of \$942.00 to cover the filing fee is enclosed.
- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise

Atty. Dkt. No. QUANT1350-1 (028248-2302)

improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: December 11, 2003

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